



MISSOURI INSTITUTE for TECHNOLOGY EDUCATION APPLICATION

July 23 - 26, 2003

Instructor name: _____ Soc. Sec. #: _____

Home mailing address: _____
(Street, City, State, Zip)

Home phone: _____ School phone _____

Email Address: _____

School name: _____

School address: _____

School City/State/Zip: _____

What grade level do you teach? K-5 ☐ 6-9 ☐ 9-12 ☐ Other: _____

Do you have an active TSA chapter? Yes ☐ No ☐

Check the appropriate special requests below:

☐ I will share a room

☐ Non Smoking

☐ Room by myself (agree to pay full room charge)

☐ other _____

How did you learn about MITE?

☐ Electronic TE Update

☐ News Flash!!!!

☐ School Administrator

☐ Summer Conference

☐ Technology Education Teacher

☐ Other _____

If **YES**, please specify how many years teaching experience: _____

My signature below indicates that I am committed to the year-long process of the Missouri Institute for Technology Education which includes two call back sessions.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF ADMINISTRATOR (Principal)

DATE

Please mail completed (postmarked by **May 1**) to:

Supervisor Technology Education
Department of Elementary & Secondary Education
PO Box 480
Jefferson City, MO 65102

573.751.7764 (VOICE)

573.526.4261 (FAX)